

To whom it may concern:

RECEIVED
FEC MAIL CENTER

2016 SEP 26 AM 10:59

Enclosed is the Form 5 previously submitted by electronic mail to 2022190174@fec.gov at 3:43 PM on Friday, September 23, 2016. We did not receive a confirmation email; therefore, we are submitting a duplicate filing by overnight mail to confirm receipt.

2016 SEP 26 AM 10:59

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED

2016 SEP 26 AM 10: 59

| | | |
|--|--|-----------------------------------|
| 1. (a) Name of Individual, Organization or Corporation Sixteen Thirty Fund / Make It Work Action | | 3. FEC Identification Number C |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1201 Connecticut Ave., Suite 300 | | |
| (c) City, State and ZIP Code Washington, DC 20036 | | |
| 2. Occupation and Name of Employer (for Individual Filers Only) | | |

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☐ 24-Hour Report
☐ October 15 Quarterly Report ☒ 48-Hour Report
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

5. COVERING PERIOD:

FROM

THROUGH

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

15,084.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Andrew Schulz



9/23/16

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Sixteen Thirty Fund / Make It Work Action

| | | | |
|---|-------------------|--|--------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee Block by Block, Inc. | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 1 6 | |
| Mailing Address 1725 I Street, NW Suite 900 | | Amount | |
| City Washington, DC | State DC | Zip Code 20006 | 2,678.25 |
| Purpose of Expenditure Door to Door Canvass (8/22/16 to 9/4/16) | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: <u>n/a</u> District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------------------|--|--------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee Centaur North Strategic Communications | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 1 6 | |
| Mailing Address PO Box 1474 | | Amount | |
| City Whittier, CA | State CA | Zip Code 90609 | 2,185.50 |
| Purpose of Expenditure Printing for canvass | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: <u>n/a</u> District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|-------------------|--|--------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee Block by Block, Inc. | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 1 6 | |
| Mailing Address 1725 I Street, NW Suite 900 | | Amount | |
| City Washington, DC | State DC | Zip Code 20006 | 2,678.25 |
| Purpose of Expenditure Door to Door Canvass (9/5/16 to 9/18/16) | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: <u>n/a</u> District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

(a) SUBTOTAL of Itemized Independent Expenditures..... 7,542.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Sixteen Thirty Fund / Make It Work Action

| | | | |
|--|-------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Block by Block, Inc. | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 1 6 | |
| Mailing Address 1725 I Street, NW Suite 900 | | Amount 2,678.25 | |
| City Washington, DC | State 20006 | Zip Code | |
| Purpose of Expenditure Door to Door Canvass (8/22/16 to 9/4/16) | Category/ Type | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: NV District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Catherine Cortez Masto | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Centaur North Strategic Communications | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 1 6 | |
| Mailing Address PO Box 1474 | | Amount 2,185.50 | |
| City Whittier, CA | State 90609 | Zip Code | |
| Purpose of Expenditure Printing for canvasses | Category/ Type | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: NV District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Catherine Cortez Masto | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Block by Block, Inc. | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 1 6 | |
| Mailing Address 1725 I Street, NW Suite 900 | | Amount 2,678.25 | |
| City Washington, DC | State 20006 | Zip Code | |
| Purpose of Expenditure Door to Door Canvass (9/5/16 to 9/18/16) | Category/ Type | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: NV District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Catherine Cortez Masto | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 7,542.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

(a) SUBTOTAL of Itemized Independent Expenditures..... 7,542.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures..... 15,084.00
(carry total to next page forward to Line 7)

Extremely Urgent

Page 1 of 1

Insert shipping document here

ORIGIN ID: BZSA (202) 628-1581
BRIAN FOUCART
PCMS LLC
1050 17TH ST, NW
SUITE 590
WASHINGTON, DC 20036
UNITED STATES US

SHIP DATE: 23SEP16
ACTWGT: 0.50 LB
CAD: 5280572/INET3790

BILL SENDER

TO MAILROOM
FEDERAL ELECTION COMMISSION
999 E STREET, NW

WASHINGTON DC 20463

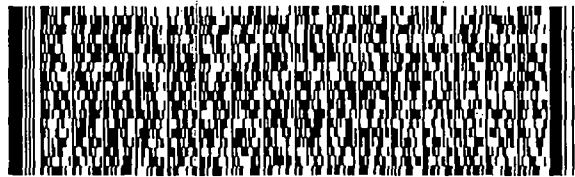
(202) 694-1100

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INV:

PO:

DEPT:



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110221072501UP

MON - 26 SEP 3:00P

STANDARD OVERNIGHT

TRK# 7773 0662 8587
0201

SA RDVA

20463

DC-US IAD



RT 677


1 15:00

8587 09.26

FZ



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|--|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked Date of Receipt |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): fed Ex | Shipping Date 9/23/16 |
| | Next Business Day Delivery <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|  PREPARER | 9/26/16 DATE PREPARED |